Wall Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OCT 03 2008

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFFRING EXEMPTION

10_	1-0									
	OMB APPROVAL									
OMB	Number:	3235	-0076							
1		Mario	2005							

11d7BX

Expires: May 31, 2005

Estimated average burden hours per response.....16.00

SEC USE ONLY							
Prefix	Serial						
DATE	RECEIVED						
	1						

101 UNIFORM LIMITED OFFERING EXEMP	TION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Fairfield Financial Services, Inc.	
	ULOE
Type of Filing: New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	007.1
1. Enter the information requested about the issuer	19 00: 142008
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	THOMSON REUTERS
Fairfield Financial Services, Inc.	WEDIEKS
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1522 NW 24th Ave., Portland, OR 97210	503-348-7011
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Mortgage broker who brokers private investor loans secu	red by real property
Type of Business Organization organization limited partnership, already formed business trust limited partnership, to be formed	ase speci
Month Year Actual or Estimated Date of Incorporation or Organization: 0 6 9 8 7 Actual F Estima Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	ed 08061829

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information requested for the	following:			
 Each promoter of the issuer, if the 	e issuer has been organized v	within the past five years;		
 Each beneficial owner having the j 	power to vote or dispose, or d	irect the vote or disposition	of, 10% or more o	f a class of equity securities of the issu
Each executive officer and director	or of corporate issuers and of	f corporate general and ma	naging partners of	partnership issuers; and
Each general and managing partner	er of partnership issuers.			
Check Box(es) that Apply: Promote	er Peneficial Owner	Executive Officer	7 Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Grover W. Sparkman, Jr.		·		<u></u>
Business or Residence Address (Number a	and Street, City, State, Zip C	ode)		
3327 SE 50th, Portland, OR 9720	06			
Check Box(es) that Apply: Promote	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
M. Louise Sparkman	-d Sweet City State 7:- C	oda)		-
	and Street, City, State, Zip C	odej		
3327 SE 50th, Portland, OR 9720			D'arrete	C C
Check Box(es) that Apply: Promote	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, if individual)				
S. Clay Sparkman		·		
dusiness or Residence Address (Number a	and Street, City, State, Zip C	ode)		
1522 NW 24th Ave., Portland, OR	97210			
Check Box(es) that Apply: Promotes	r 🔲 Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zip C	ode)		
Check Box(es) that Apply: Promotes	r Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	r Beneficial Owner	Executive Officer	Director	General and/or
				Managing Partner
ull Name (Last name first, if individual)				
susiness or Residence Address (Number a	and Street, City, State, Zip Co	ode)		
heck Box(es) that Apply: Promoter	r Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zip Co	ode)		
(Use 1	blank sheet, or copy and use	additional copies of this s	heet, as necessary)

				В. І	NFORMAT	ION ABOU	T OFFERI	NG				
1 Has th	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No [7]
+ 11as ti	ie issuei soi	u, or uoes i			n, to non-z n Appendix				•		П	ď
2. What	2. What is the minimum investment that will be accepted from any individual?											
												No
	, , , , , , , , , , , , , , , ,											7
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											-	
	(Last name	-										
	r Residence				ity State 2	(in Code)						
	NW 24th A	•			ity, state, z	orp code,						
Name of A	ssociated B	roker or De	aler									
States in V	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State:	s" or check	individual	States)			***************************************	***************************************			□ Al	l States
AL	[AK]	AZ	AR	ĆA	CO	[CT]	DE	DC]	FL	GA	н	ĪD
IL	IN	IA	KS	KY	LA	ME	MD .	MA	MI		MS	MO
MT	NE	NV	NH	ŊJ	ÑМ	NY	NC	ND	OH		QR	PA
RI	SC	SD	TN	TX	<u>UT</u>	VT]	VA	WA	[WV]	<u>W</u> I	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business of	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	ssociated Bi	oker or De	aler				·					
	/hich Person c "All States										□ A1	l States
(Circl)		or check	muividuai									
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID V
IL MT	[IN] [NE]	IA NV	KS NH	KY NJ	[LA] [NM]	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RĪ	SC	SD	TN	TX	UT	[VT]	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)				<u> </u>	·				
			<u> </u>									
Business of	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated Br	oker or De	aler						•		-	
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u> </u>			
(Checl	"All States	" or check	individual	States)	•••••	***************************************	•••••	•••••			☐ Al	1 States
AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
ĪL	[N]	IA	KS	$\overline{\mathbf{K}}\overline{\mathbf{Y}}$	LA	ME	MD	MA	Ml		MS	MO
MT RI	NE SC	NV SD	NH] [TN]	[V] [X]	NM UT	NY) (VT)	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	اعدا	20	111	لك	لتب	[_v_1]	VA	TAX TAT	VY V	_ <u> </u>	_77_4	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	k		
			Amount Already
	Offering I	rice	Sold
	. \$ 123941		\$ 123941
	. \$		\$
Common Preferred			
s (including warrants)	. \$		\$
	. \$		\$
	. \$		\$
	. \$ 123941		\$ 123941
also in Appendix, Column 3, if filing under ULOE.			
e dollar amounts of their purchases. For offerings under Rule 504, indicat who have purchased securities and the aggregate dollar amount of their	e ir	r	Aggregate Dollar Amount
	Investo	rs	of Purchases
5	2		<u>\$ 123941</u>
stors			\$
ings under Rule 504 only)	2		s1237 <u>41</u>
er also in Appendix, Column 4, if filing under ULOE.			
e, in offerings of the types indicated, in the twelve (12) months prior to th			
			Dollar Amount Sold
	·		\$
	·		\$
Note P	a <u>rticipati</u>	.on	\$ <u>123941</u>
	·		\$
. Exclude amounts relating solely to organization expenses of the insurer given as subject to future contingencies. If the amount of an expenditure i	г.		•
es			<u>\$</u> 0
ing Costs			\$ o
			\$ ⁰
			\$ <u>o</u>
		<u> </u>	<u>\$ 0 </u>
(specify finders' fees separately)			\$ Amount not paid out loan amount
ntify) Doc Prep Fee, Collection Acct Setup Fee, Inspection	Fee	\Box	S loan amount
—	•••••		\$ 0
	Common Preferred	Aggregation of the columns below the amounts of the securities offered for exchange and securities offered securities offered securities of the securities o	Aggregate Offering Price Same Sa

b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		§123941
Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	oceed to the issuer used or proposed to be used for y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
•		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		\$	
Purchase of real estate		\$	\$
Purchase, rental or leasing and installation of mac	hinery	<u> </u>	. 🗆 \$
Construction or leasing of plant buildings and fac	ilities	s	
Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another	\$. [] \$
Repayment of indebtedness		 \$. 🗆 \$
Working capital		s	
Other (specify):		 \$	\$
		(Amounts not	paid out of loan
			<u></u> \$
Column Totals	,	s	\$
Total Payments Listed (column totals added)		<u> </u>	
	D. FEDERAL SIGNATURE		
e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Commis	sion, upon writte	
uer (Print or Type)	Signature	Date	
airfield Financial Services, Inc.	۷. د	1.23.	.8
me of Signer (Print or Type)	Title of Signer (Print or Type)		
S. Clay Sparkman	Vice President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No				
	See Appendix, Column 5, for state response.						

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Fairfield Financial Services, Inc.	5.1	9.23.08
Name (Print or Type)	Title (Print or Type)	
S. Clay Sparkman	Vice President	·

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell Type of investor and explanation of to non-accredited offering price offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Amount Yes No State Yes No Amount ΑL ΑK AZAR $\mathsf{C}\mathsf{A}$ CO CT DE DC FL $\mathsf{G}\mathsf{A}$ Н ID ΙL ΙN ĪΑ KS ΚY LA ME MD MAΜI MN MS

2 5 3 4 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No State Yes No **Investors** Amount Investors Amount MO MT NE NVNH NJ NM NY NC ND ОН OK 123941 OR 2 123941 0 PA RI SC SD TN TX UT VT VA WAwv WI

APPENDIX

				APP	ENDIX					
. `1		2	3 Type of security		4					
	to non-a	to sell accredited as in State a-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

